4-05-06

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

| instructions: This appropriate. All further indicated unless correct maintenance fee notifications.  | ted below or directed oth   | or transmitting the ISSU ig the Patent, advance of nerwise in Block 1, by (a  | UE FEE and PUBLICAT rders and notification of a specifying a new corres   | spondence address; and/or  | r (b) indicating a sepai  | ate "FEE ADDRESS"   |
|--|---|---|---|--|---|---|
| CURRENT CORRESPONE   | DENCE ADDRESS (Note: Use Bl   | A P   | Not Fee pap hav   | e: A certificate of mailin<br>(s) Transmittal. This certi<br>ers. Each additional paper<br>e its own certificate of ma   | g can only be used for<br>ficate cannot be used for<br>such as an assignmen<br>iling or transmission.                                     | domestic mailings of<br>or any other accompany<br>of or formal drawing, m |
| Patrick W. Ras<br>Armstrong Teas<br>Suite 2600   | sche  | APR (   | • /   |  | of Mailing or Transn  | nission   |
| One Metropolita<br>St. Louis, MO 6   |   | THE WAR   | - CHIEF   |  |   | (Depositor's nam  |
|  |   |   | TRACE   |  |   | (Signatu  |
| 1/2007 LWONDIA2 000  | 00047 012384 107  | 23972   |   |  |   | (Da   |
| 15(APPLICATIONO 10 FILING DATE   |   |   | FIRST NAMED INVENTOR  |  | RNEY DOCKET NO.   | CONFIRMATION NO.  |
| 1304 <sub>10/723,9</sub> 420.00 DA <sub>11/26/2003</sub>   |   |   | Jerome Knoplioch  |  | 16CT02141   | 9491  |
| APPLN, TYPE  | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSUE FEE   | TOTAL FEE(S) DUE  | DATE DUE  |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSUE FEE   | TOTAL FEE(S) DUE  | DATE DUE  |
| APPLN. TYPE nonprovisional   | SMALL ENTITY NO   | \$1400  | \$300   | \$0  | \$1700  | 05/29/2007  |
| nonprovisional   | NO<br>MINER   | \$1400<br>• ART UNIT  | \$300<br>CLASS-SUBCLASS   | <u> </u>   | <u>'</u>  |   |
| nonprovisional  EXAM  TABATABA   | NO MINER I, ABOLFAZL  | \$1400<br>• ART UNIT<br>2624  | \$300<br>CLASS-SUBCLASS<br>382-131000   | \$0  | <u>'</u>  |   |
| nonprovisional  EXAM  TABATABA  1. Change of correspond CFR 1.363).  | NO MINER I, ABOLFAZL dence address or indication  | \$1400 ART UNIT 2624 n of "Fee Address" (37   | \$300  CLASS-SUBCLASS  382-131000  2. For printing on the printing of the print | \$0  patent front page, list o 3 registered patent attori  | \$1700  | 05/29/2007<br>Horton, Es  |
| nonprovisional  EXAM  TABATABA  1. Change of correspond CFR 1.363).  Change of corres Address form PTO/S  The "Fee Address" in   | NO MINER I, ABOLFAZL dence address or indication pondence address (or Cha B/122) attached. dication (or "Fee Address' 02 or more recent) attach   | \$1400  ART UNIT  2624  In of "Fee Address" (37)  large of Correspondence  " Indication form  | \$300  CLASS-SUBCLASS  382-131000  2. For printing on the printing on the printing on the printing or agents OR, alternation of agents OR, alternation of the printing of the p | \$0  patent front page, list o 3 registered patent attorively, le firm (having as a memb agent) and the names of u   | \$1700  neys   Carl B. pera 2 Armstro   | 05/29/2007<br>Horton, Es  |
| nonprovisional  EXAM  TABATABA  I. Change of correspond CFR 1.363).  Change of corres Address form PTO/S  TFee Address" int PTO/SB/47; Rev 03- Number is required  3. ASSIGNEE NAME A  | NO MINER I, ABOLFAZL dence address or indication pondence address (or Cha (B/122) attached. dication (or "Fee Address" 02 or more recent) attach AND RESIDENCE DATA   | \$1400  ART UNIT  2624 In of "Fee Address" (37 Inge of Correspondence " Indication form Indicat | \$300  CLASS-SUBCLASS  382-131000  2. For printing on the process of up to the summer of a sing registered attorney or 2 registered patent attorney on the process of the summer of the s | \$0  patent front page, list o 3 registered patent attornively, le firm (having as a membagent) and the names of urneys or agents. If no nan printed.  pe)   | \$1700  neys   Carl B.  per a 2 Armstro  pp to ne is 3  | 05/29/2007<br>Horton, Es  |
| nonprovisional  EXAM  TABATABA  I. Change of correspond CFR 1.363).  Change of corres Address form PTO/S  TFee Address" int PTO/SB/47; Rev 03- Number is required  3. ASSIGNEE NAME A  | NO MINER I, ABOLFAZL dence address or indication pondence address (or Cha (B/122) attached. dication (or "Fee Address" 02 or more recent) attach AND RESIDENCE DATA   | \$1400  ART UNIT  2624 In of "Fee Address" (37 Inge of Correspondence " Indication form Indicat | \$300  CLASS-SUBCLASS  382-131000  2. For printing on the process of the process o | \$0  patent front page, list o 3 registered patent attornively, le firm (having as a membagent) and the names of urneys or agents. If no nan printed.  pe)   | \$1700  neys   Carl B.  per a 2 Armstro  pp to ne is 3  | 05/29/2007<br>Horton, Esong Teasdale                                      |
| nonprovisional  EXAM  TABATABA  I. Change of correspond CFR 1.363).  Change of corres Address form PTO/S  TFee Address" int PTO/SB/47; Rev 03- Number is required  3. ASSIGNEE NAME A  | NO MINER  I, ABOLFAZL  dence address or indication pondence address (or Cha (B/122) attached. dication (or "Fee Address' 02 or more recent) attach  AND RESIDENCE DATA thess an assignee is ident th in 37 CFR 3.11. Comp     | \$1400  ART UNIT  2624 In of "Fee Address" (37 Inge of Correspondence " Indication form Indicat | \$300  CLASS-SUBCLASS  382-131000  2. For printing on the proceeding of the content of the conten | \$0  patent front page, list o 3 registered patent attornively, le firm (having as a membagent) and the names of urneys or agents. If no nan printed.  pe)   | \$1700  neys   Carl B.  per a 2 Armstro  up to ne is 3  dentified below, the do   | 05/29/2007<br>Horton, Esong Teasdale                                      |
| nonprovisional  EXAN  TABATABA  1. Change of correspond CFR 1.363).  Change of correspond CFR 1.363.  Pree Address' im PTO/SB/47; Rev 03- Number is required  3. ASSIGNEE NAME A PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI   | NO MINER  I, ABOLFAZL  dence address or indication pondence address (or Cha B/122) attached.  dication (or "Fee Address' 02 or more recent) attach  AND RESIDENCE DATA taless an assignee is ident th in 37 CFR 3.11. Comp    | \$1400  ART UNIT  2624  In of "Fee Address" (37)  Inge of Correspondence  " Indication form  | \$300  CLASS-SUBCLASS  382-131000  2. For printing on the proceeding of the process of up to a gents OR, alternation of a gents OR, alternation of a gents OR, alternation of the process o | so satent front page, list of 3 registered patent attornively, le firm (having as a membagent) and the names of unreys or agents. If no namprinted.  | \$1700  heys   Carl B.  per a 2 Armstro  pp to  ne is 3  dentified below, the do  | 05/29/2007<br>Horton, Es  |
| nonprovisional  EXAM  TABATABA  1. Change of correspond CFR 1.363).  Change of corres Address form PTO/S  "Fee Address" in PTO/SB/47; Rev 03- Number is required  3. ASSIGNEE NAME A PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI  GE Medical Sy  | NO MINER I, ABOLFAZL Idence address or indication pondence address (or Cha 18/122) attached. dication (or "Fee Address 002 or more recent) attach AND RESIDENCE DATA hless an assignee is ident th in 37 CFR 3.11. Comp IGNEE | \$1400  ART UNIT  2624 In of "Fee Address" (37 lange of Correspondence " Indication form need. Use of a Customer  A TO BE PRINTED ON diffed below, no assignee pletion of this form is NO   | \$300  CLASS-SUBCLASS  382-131000  2. For printing on the printing of a singular tegistered attorney or 2 registered patent attraction of the printing and the print | so satent front page, list of 3 registered patent attornively, le firm (having as a membagent) and the names of unrieys or agents. If no namprinted.  The property of the prop | \$1700  neys   Carl B.  per a 2 Armstro  up to 3  dentified below, the do  TRY)  Wisconsin  | 05/29/2007  Horton, Esong Teasdale  |
| nonprovisional  EXAM  TABATABA  I. Change of correspond CFR 1.363).  Change of correspond CFR 1.363).  Change of correspond To SB/47; Rev 03- Number is required  3. ASSIGNEE NAME A PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI  GE Medical Sy Please check the approp  4a. The following fee(s)  | NO MINER  I, ABOLFAZL  Idence address or indication pondence address (or Cha 1B/122) attached.  dication (or "Fee Address" 002 or more recent) attach  AND RESIDENCE DATA these an assignee is ident th in 37 CFR 3.11. Comp  | \$1400  ART UNIT  2624 In of "Fee Address" (37 Inge of Correspondence " Indication form led. Use of a Customer  A TO BE PRINTED ON iffied below, no assignee pletion of this form is NO  Technology Correspondence  | \$300  CLASS-SUBCLASS  382-131000  2. For printing on the partial (1) the names of up to registered attorney or 2 registered attorney or 2 registered patent attorney in the partial (2) the name of a sing registered patent attorney or 2 registered patent or 3 registered pat | so satent front page, list of 3 registered patent attornively, le firm (having as a membagent) and the names of uprinted.  The pe statent of a sassignment of the sas | sineys   Carl B.  Der a 2 Armstro  one is 3  dentified below, the do  TRY)  Wisconsin  ion or other private gro                           | 05/29/2007  Horton, Escong Teasdale  comment has been filed               |
| nonprovisional  EXAM  TABATABA  I. Change of correspond CFR 1.363).  Change of correspond CFR 1.363).  Change of correspond The correspond Th | NO MINER  I, ABOLFAZL  Idence address or indication pondence address (or Cha 1B/122) attached.  dication (or "Fee Address" 002 or more recent) attach  AND RESIDENCE DATA these an assignee is ident th in 37 CFR 3.11. Comp  | \$1400  ART UNIT  2624 In of "Fee Address" (37 Inge of Correspondence " Indication form led. Use of a Customer  A TO BE PRINTED ON iffied below, no assignee pletion of this form is NO  Technology Correspondence  Technology Correspondence   | \$300  CLASS-SUBCLASS  382-131000  2. For printing on the partial (1) the names of up to registered attorney or 2 registered attorney or 2 registered patent attorney in the partial (1) the name will be the partial appear on the partial (2) the name will be the partial (2) the name of a sing registered patent attorney or 2 registered patent (2) the name of 3 partial (2) the partial (2) the partial (3) the partial | so satent front page, list of 3 registered patent attornively, le firm (having as a membagent) and the names of uprinted.  The pe statent of a sassignment of the sas | sineys   Carl B.  Der a 2 Armstro  one is 3  dentified below, the do  TRY)  Wisconsin  ion or other private gro  viously paid issue fee s | 05/29/2007  Horton, Escong Teasdale  comment has been filed               |

interest as shown by the records of the United States Patent and Trademark Office Authorized Signature Date \_\_\_April 04, 2007

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

Phillip A. Shipley Typed or printed name

Registration No. \_ 51,357

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.